

SERFF Tracking Number:	CNNA-125481884	State:	Arkansas
Filing Company:	The Cincinnati Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	CCIM-08-6005-AR		
TOI:	09.0 Inland Marine	Sub-TOI:	09.0000 Inland Marine Sub-TOI Combinations
Product Name:	CCIM-08-6005-AR		
Project Name/Number:	/		

Filing at a Glance

Company: The Cincinnati Insurance Company

Product Name: CCIM-08-6005-AR

TOI: 09.0 Inland Marine

Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations

Filing Type: Form

SERFF Tr Num: CNNA-125481884 State: Arkansas

SERFF Status: Closed

Co Tr Num: CCIM-08-6005-AR

Co Status:

Author: Sharon Grubbs

Date Submitted: 02/11/2008

State Tr Num: EFT \$50

State Status: Fees verified and received

Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding

Disposition Date: 02/22/2008

Disposition Status: Approved

Effective Date Requested (New): 09/01/2008

Effective Date Requested (Renewal):

Effective Date (New): 09/01/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name:

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 02/22/2008

State Status Changed: 02/22/2008

Corresponding Filing Tracking Number:

Filing Description:

At this time, we wish to file form(s) per the attached memorandum.

Final copies are attached for your review.

Filing fees will be sent through the Electronic Filing Fee System as a (EFT) filing.

Please be advised that we work on a 90-days-in-advance schedule. As a result, we would appreciate your approval by

<i>SERFF Tracking Number:</i>	<i>CNNA-125481884</i>	<i>State:</i>	<i>Arkansas</i>
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June 1, 2008, for the software to be mailed to our agents on July 1, 2008, for the effective date of September 1, 2008.

Your approval is respectfully requested for use on policies effective on or after September 1, 2008.

Company and Contact

Filing Contact Information

Sharon Grubbs, Senior Filings Analyst	sharon_grubbs@cinfin.com
6200 S. Gilmore Road	(513) 870-2091 [Phone]
Fairfield, OH 45014	

Filing Company Information

The Cincinnati Insurance Company	CoCode: 10677	State of Domicile: Ohio
6200 S. Gilmore Road	Group Code: 244	Company Type:
Fairfield, OH 45014	Group Name:	State ID Number:
(513) 870-2000 ext. [Phone]	FEIN Number: 31-0542366	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	Yes
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Cincinnati Insurance Company	\$50.00	02/11/2008	17915799

<i>SERFF Tracking Number:</i>	<i>CNNA-125481884</i>	<i>State:</i>	<i>Arkansas</i>
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	02/22/2008	02/22/2008

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Disposition

Disposition Date: 02/22/2008

Effective Date (New): 09/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	FORM FILING SCHEDULE	Approved	Yes
Supporting Document	MEMORANDUM	Approved	Yes
Form	INSTALLATION FLOATER SPECIAL COVERAGE FORM	Approved	Yes
Form	MARINA OPERATORS LEGAL LIABILITY COVERAGE FORM	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	INSTALLATION FLOATER SPECIAL COVERAGE FORM	MA109	10 07	Policy/Coverage Replaced Form	Replaced Form #:0.00 MA109 07 91 Previous Filing #: N/A		MA109 10-07.pdf
Approved	MARINA OPERATORS LEGAL LIABILITY COVERAGE FORM	MA133	01 07	Policy/Coverage Replaced Form	Replaced Form #:0.00 MA133 09 06 Previous Filing #: CCIM-07-6005-AR		MA133 01-07.pdf

INSTALLATION FLOATER SPECIAL COVERAGE FORM

Various provisions in this policy restrict coverage. Read the entire policy carefully to determine rights, duties and what is and is not covered.

Throughout this policy, the words "you" and "your" refer to the Named Insured shown in the Declarations. The words "we", "us" and "our" refer to the Company providing this insurance.

Other words and phrases that appear in quotation marks have special meaning. Refer to **Section F - DEFINITIONS**.

A. COVERAGE

We will pay for "loss" to Covered Property from any of the Covered Causes of Loss.

1. COVERED PROPERTY, as used in this Coverage Form, means:

- a. Your materials, including labor, and supplies to be used in or incidental to the construction, erection, or installation of the property described in the Declarations;
- b. Similar property of others that is in your care, custody, or control.

We will pay for "loss" to Covered Property from any of the Covered Causes of Loss, while:

- (1) On the premises awaiting and during construction, erection or installation;
- (2) Awaiting tests and during testing;
- (3) In transit.

2. PROPERTY NOT COVERED

Covered Property does not include:

- a. Property while on any premises owned, leased, or controlled by you unless the property is designated for a specific construction project.
- b. Contractor's and subcontractor's tools and equipment;
- c. Accounts, bills, currency, deeds, evidences of debt, money, notes, securities, manuscripts, records or other documents;
- d. Motor vehicles, trailers or other conveyances or their equipment or accessories;
- e. Contraband, or property in the course of illegal transportation or trade.

3. COVERED CAUSES OF LOSS

Covered Causes of Loss means RISKS OF DIRECT PHYSICAL "LOSS" to Covered Property except those causes of "loss" listed in the Exclusions.

4. ADDITIONAL COVERAGE - COLLAPSE

We will pay for direct "loss" caused by or resulting from risks of direct physical "loss" involving collapse of all or part of a building or structure caused by one or more of the following:

- a. Fire; lightning; windstorm; hail; explosion; smoke; aircraft; vehicles; riot; civil commotion; vandalism; breakage of glass; falling objects; weight of snow, ice or sleet; water damage; all only as covered in this Coverage Form;
- b. Hidden decay;
- c. Hidden insect or vermin damage;
- d. Weight of people or personal property;
- e. Weight of rain that collects on a roof;
- f. Use of defective materials or methods in construction, remodeling or renovation if the collapse occurs during the course of the construction, remodeling or renovation.

This Additional Coverage does not increase the Limits of Insurance provided in this Coverage Form.

B. EXCLUSIONS

- 1. We will not pay for a "loss" caused directly or indirectly by any of the following. Such "loss" is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the "loss".

a. GOVERNMENTAL ACTION

Seizure or destruction of property by order of governmental authority.

But we will pay for acts of destruction ordered by governmental authority and taken at the time of a fire to prevent its spread if the fire would be covered under this Coverage Form.

b. NUCLEAR HAZARD

- (1) Any weapon employing atomic fission or fusion; or
- (2) Nuclear reaction or radiation, or radioactive contamination from any other cause. But we will pay for direct "loss" caused by re-

sulting fire if the fire would be covered under this Coverage Form.

c. WAR AND MILITARY ACTION

- (1) War, including undeclared or civil war;
- (2) Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
- (3) Insurrection, rebellion, revolution, usurped power or action taken by governmental authority in hindering or defending against any of these.

2. We will not pay for a "loss" caused by or resulting from any of the following:

- a. Delay, or loss of market.
- b. Overloading.
- c. Marring, scratching, or changes in or extremes of temperature.
- d. Artificially generated current creating a short circuit or other electric disturbance within an article covered under this Coverage Form.

But we will pay for direct "loss" caused by resulting fire or explosion, if these causes of "loss" would be covered under this Coverage Form.

This exclusion only applies to "loss" to that article in which the disturbance occurs.

- e. Settling, shrinkage, expansion, subsidence or earth movement below or adjoining foundations, footings or structures. But if loss or damage by earthquake, flood, landslide, snowslide, avalanche, or total or partial collapse occurs, we will pay for that resulting loss or damage.

3. We will not pay for a "loss" caused by or resulting from any of the following. But if "loss" by a Covered Cause of Loss results, we will pay for that resulting "loss".

- a. Weather conditions. But this exclusion only applies if weather conditions contribute in any way with a cause or event excluded in Paragraph 1, above to produce the "loss".
- b. Acts or decisions, including the failure to act or decide, of any person, group, organization or governmental body.
- c. Faulty, inadequate or defective:

- (1) Planning, zoning, development, surveying, siting;

- (2) Design, specifications, workmanship, repair, construction, renovation, remodeling, grading, compaction;

- (3) Materials used in repair, construction, renovation or remodeling; or

- (4) Maintenance;

of part or all of any property wherever located.

- d. Collapse except as provided in the Additional Coverage - Collapse section of this Coverage Form.

- e. Wear and tear, any quality in the property that causes it to damage or destroy itself, hidden or latent defect, gradual deterioration, depreciation; mechanical breakdown; insects, vermin, rodents; corrosion, rust, dampness, cold or heat.

C. LIMITS OF INSURANCE

The most we will pay for "loss" in any one occurrence is the applicable Limit of Insurance shown in the Declarations.

D. DEDUCTIBLE

We will not pay for "loss" in any one occurrence until the amount of the adjusted "loss" before applying the applicable Limits of Insurance exceeds the Deductible shown in the Declarations. We will then pay the amount of the adjusted "loss" in excess of the Deductible, up to the applicable Limit of Insurance.

E. ADDITIONAL CONDITIONS

The following conditions apply in addition to the Commercial Inland Marine Conditions and the Common Policy Conditions:

1. COVERAGE TERRITORY

We cover property wherever located within:

- a. The United States of America;
- b. Puerto Rico; and
- c. Canada.

2. Insurance under this Coverage Form will end when any of the following first occurs:

- a. Property is accepted by the contract purchaser; or
- b. Your interest in the entire job ceases.

F. DEFINITIONS

"Loss" means accidental loss or damage.

MARINA OPERATORS LEGAL LIABILITY COVERAGE FORM

Various provisions in this Coverage Part restrict coverage. Read the entire Coverage Part carefully to determine rights, duties and what is and is not covered.

Throughout this Coverage Part, the words "you" and "your" refer to the Named Insured shown in the Declarations, and any other person or organization qualifying as a Named Insured under this Coverage Part. The words "we", "us" and "our" refer to the Company providing the insurance.

Other words and phrases that appear in quotation marks have special meaning. Refer to Section F - **DEFINITIONS**.

A. COVERAGE

1. Insuring Agreement

We will pay those sums which the "insured" shall become legally obligated to pay as damages for "loss" caused by an "occurrence" to private pleasure type boats and equipment thereon which are the property of others:

- a. While in your care, custody or control for any of the "covered operations";
- b. While at your premises shown in the Declarations, including adjacent moorings;
- c. While in due course of transit within the Continental United States of America, the District of Columbia and Canada (excluding Alaska); or
- d. While navigating by water under its own power while confined to coastal waters not more than twelve (12) miles from the nearest coastal shoreline and inland waters of the Continental United States and District of Columbia and Canada (excluding Alaska).

2. We have the right and duty to defend any "insured" against any "suit" asking for these damages. However, we have no duty to defend any "insured" against a "suit" seeking damages for any "loss" not covered by this Coverage Part. We may investigate and settle any claim or "suit" as we consider appropriate. Our duty to defend or settle ends when the Limit of Insurance has been exhausted by payment of judgments or settlements.

No other obligation or liability to pay sums or perform acts or services is covered unless expressly provided for under Section A. - **COVERAGE, Paragraph 3. Additional Coverage - Supplementary Payments**.

3. Additional Coverage - Supplementary Payments

We will pay with respect to any claim we investigate or settle, or any "suit" against an "insured" we defend:

- a. All expenses we incur;
- b. The cost of bonds to release attachments in any "suit" we defend, but only for bond amounts within the applicable Limit of Insurance. We do not have to furnish these bonds;
- c. All reasonable expenses incurred by the "insured" at our request to assist us in the investigation or defense of the claim or "suit", including actual loss of earnings up to \$250 a day because of time off from work;
- d. All costs taxed against the "insured" in the "suit" we defend;
- e. Prejudgment interest awarded against the "insured" on that part of the judgment we become obligated to pay and which falls within the applicable Limit of Insurance. If we make an offer to pay the applicable Limit of Insurance, we will not pay any prejudgment interest that is based on the period of time after the offer.
- f. All interest on the full amount of any judgment that accrues after entry of the judgment and before we have paid, offered to pay, or deposited in court that part of the judgment that is within the applicable Limit of Insurance.

These payments will not reduce the Limits of Insurance.

4. Coverage Extensions

We will pay, with respect to any claim or "suit" we defend:

- a. Your interest in materials, labor and charges furnished, performed on, or incurred in connection with property of others when rendered uncollectible by reason of "loss" or damage to such property when your liability for such "loss" or damage is covered under this Coverage Part;
- b. Your accrued storage charges in connection with property of others accepted for storage at locations specified in the Declarations when rendered uncollectible by reason of

"loss" to such property when your liability for such "loss" is covered under this policy, provided, however, there shall be no recovery hereunder for accrued storage charges more than 60 days delinquent from the end of the month in which payment was due.

These Coverage Extensions are included within the Limit of Insurance.

B. EXCLUSIONS

This insurance does not cover any liability:

1. For "bodily injury";
2. Assumed under contract or otherwise in extension of the liability imposed upon you by law;
3. For demurrage, loss of time, loss of freight, loss of charter or similar expenses;
4. For loss of use;
5. For "loss" or expense caused by or resulting from exceeding the registered or rated lifting capacity of any lift device, marine railway or drydock;
6. For misappropriation, secretion, conversion, infidelity or any dishonesty in any way by an "insured" or others to whom the property may be entrusted. This exclusion does not apply to a carrier for hire;
7. For any "property damage" to:
 - a. Property owned, leased or used by you;
 - b. Property owned by others and entrusted or consigned to you for sale, for which you assume responsibility;
 - c. That particular part of any property that is damaged because your work or the work of your "employees" or "temporary worker" was incorrectly performed on it.

Damage to other parts of the property resulting from your incorrectly performed work is covered;
8. For any "property damage" caused by freezing or moving ice while the property is afloat.

C. LIMITS OF INSURANCE

Regardless of the number of:

1. Covered boats;
2. "Insureds";
3. Premiums paid; or

4. Persons or organizations making claims or bringing "suits";

the most we will pay for "loss" in any one "occurrence" is the applicable Limit of Insurance shown in the Declarations.

D. DEDUCTIBLE

We will not pay for "loss" in any one "occurrence" until the amount of the adjusted "loss" before applying the applicable Limits of Insurance exceeds the Deductible shown in the Declarations. We will then pay the amount of the adjusted "loss" in excess of the Deductible, up to the applicable Limit of Insurance.

We may, or if required to by law, pay all or part of the deductible to settle a claim or "suit". If this happens you must, upon our demand, reimburse us for the deductible or that portion of the deductible that we paid.

E. ADDITIONAL CONDITIONS

The following conditions apply in addition to the Commercial Inland Marine Conditions and the Common Policy Conditions:

1. Bankruptcy

Bankruptcy or insolvency of the "insured" or of the "insured's" estate will not relieve us of our obligation under this Coverage Part.

2. Duties in the Event of Occurrence, Claim or Suit

- a. The "insured" must see to it that we are notified promptly of an "occurrence" which may result in a claim;
- b. If a claim is made or "suit" is brought against an "insured", the "insured" must see to it that we receive prompt written notice of the claim or "suit";
- c. The "insured" and any others involved must:
 - (1) Immediately send us copies of any demands, notices, summonses or legal papers received in connection with the claim or "suit";
 - (2) Authorize us to obtain records and other information;
 - (3) Cooperate with us in the investigation, settlement or defense of the claim or "suit"; and
 - (4) Assist us, upon our request, in the enforcement of any right against any person or organization which may be liable to the "insured" because of "loss" to

which this insurance may also apply;

- d. No "insured" will, except at that "insured's" own cost, voluntarily make a payment, assume any obligation, or incur any expense without our consent.

3. Other Insurance

This replaces the **Other Insurance** Condition in the Commercial Inland Marine Conditions.

If you have other insurance covering the same "loss" as the insurance under this Coverage Part, we will pay only the excess over what you should have received from the other insurance. We will pay the excess whether you can collect on the other insurance or not.

F. DEFINITIONS

1. "Bodily injury" means bodily injury, sickness or disease sustained by a person, including death resulting from any one of these at any time.
2. "Covered operations" means:
 - a. Repair, alteration or maintenance;
 - b. Storage;
 - c. Hauling out or launching;
 - d. Mooring at slips, spaces, buoys or anchorages, rented to others by you;
 - e. Fueling and miscellaneous servicing of a transient nature.
3. "Electronic data" means information, facts or programs stored as or on, created or used on, or transmitted to or from computer software, including systems and applications software, hard or floppy disks, CD-ROMs, tapes, drives, cells, data processing devices or any other media which are used with electronically controlled equipment.
4. "Employee" includes a "leased worker". "Employee" does not include a "temporary worker".
5. "Executive officer" means a person holding any of the officer positions created by your charter, constitution, by-laws or any other similar governing document.
6. "Insured" means:
 - a. If you are designated in the Declarations as:
 - (1) An individual, you and your spouse are insureds.
 - (2) A partnership or joint venture, you are an insured. Your members, your partners, and their spouses are also insureds.
 - (3) A limited liability company, you are an insured. Your members are also insureds. Your managers are insureds, but only with respect to their duties as your managers.
 - (4) An organization other than a partnership, joint venture or limited liability company, you are an insured. Your "executive officers" and directors are insureds, but only with respect to their duties as your officers or directors. Your stockholders are also insureds, but only with respect to their liability as stockholders.
 - (5) A trust, you are an insured. Your trustees are also insureds, but only with respect to their duties as trustees.
 - b. Your "employees" other than either your "executive officers" (if you are an organization other than a partnership, joint venture or limited liability company) or your managers (if you are a limited liability company), but only for acts within the scope of their employment by you or while performing duties related to the conduct of your business.
 - c. Any person or organization having proper temporary custody of boats covered hereunder if you die, but only:
 - (1) With respect to liability arising out of the maintenance or use of that property; and
 - (2) Until your legal representative has been appointed.
 - d. Your legal representative if you die, but only with respect to duties as such. That representative will have all your rights and duties under this Coverage Part.
 - e. Any organization you newly acquire or form, other than a partnership, joint venture or limited liability company, and over which you maintain ownership or majority interest, will qualify as a Named Insured if there is no other similar insurance available to that organization. However:
 - (1) Coverage under this provision is afforded only until the 90th day

after you acquire or form the organization or the end of the policy period, whichever is earlier;

- (2) Coverage does not apply to "loss" that occurred before you acquired or formed the organization.

No person or organization is an "insured" with respect to the conduct of any current or past partnership, joint venture or limited liability company that is not shown as a Named Insured in the Declarations.

7. "Leased worker" means a person leased to you by a labor leasing firm under an agreement between you and the labor leasing firm, to perform duties related to the conduct of your business. "Leased worker" includes supervisors furnished to you by the labor leasing firm. "Leased worker" does not include a "temporary worker".
8. "Loss" means physical loss or physical damage.
9. "Occurrence" means an accident, including continuous or repeated exposure to substantially the same general harmful conditions.
10. "Property damage" means:
- a. Physical injury to tangible property, including all resulting loss of use of

that property. All such loss of use shall be deemed to occur at the time of the physical injury that caused it; or

- b. Loss of use of tangible property that is not physically injured. All such loss of use shall be deemed to occur at the time of the "occurrence" that caused it.

For the purposes of this insurance, "electronic data" is not tangible property.

11. "Suit" means a civil proceeding in which money damages because of damages to which this insurance applies are alleged. "Suit" includes:
- a. An arbitration proceeding in which such damages are claimed and to which the "insured" must submit or does submit with our consent;
 - b. Any other alternative dispute resolution proceeding in which such damages are claimed and to which the "insured" submits with our consent; or
 - c. An appeal of a civil proceeding.
12. "Temporary worker" means a person who is furnished to you to substitute for a permanent "employee" on leave or to meet seasonal or short-term workload conditions.

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Rate Information

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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	02/22/2008
Comments:	PROPERTY AND CASUALTY TRANSMITTAL			
Attachment:	F777AR_307[1].pdf			
Satisfied -Name:	FORM FILING SCHEDULE	Review Status:	Approved	02/22/2008
Comments:	FORM FILING SCHEDULE			
Attachment:	F778AR_307[1].pdf			
Satisfied -Name:	MEMORANDUM	Review Status:	Approved	02/22/2008
Comments:	MEMORANDUM			
Attachment:	MEMOF.pdf			

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2">a. Date the filing is received:</td></tr> <tr><td colspan="2">b. Analyst:</td></tr> <tr><td colspan="2">c. Disposition:</td></tr> <tr><td colspan="2">d. Date of disposition of the filing:</td></tr> <tr><td colspan="2">e. Effective date of filing:</td></tr> <tr> <td style="width: 60%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> <tr><td colspan="2">f. State Filing #:</td></tr> <tr><td colspan="2">g. SERFF Filing #:</td></tr> <tr> <td>h. Subject Codes</td> <td></td> </tr> </table>	a. Date the filing is received:		b. Analyst:		c. Disposition:		d. Date of disposition of the filing:		e. Effective date of filing:		New Business		Renewal Business		f. State Filing #:		g. SERFF Filing #:		h. Subject Codes	
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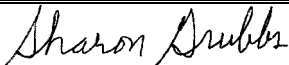
3. Group Name	Group NAIC #
The Cincinnati Insurance Company	0244

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
The Cincinnati Insurance Company	Ohio	0244-10677	31-0542366	03

5. Company Tracking Number	CCIM-08-6005-AR
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Sharon Grubbs 6200 South Gilmore Road Fairfield, Ohio 45014	Senior Filing Analyst	513-870-2091	513-870-2097	sharon_grubbs@cinfina.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Sharon Grubbs

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Division Eight - Inland Marine
10. Sub-Type of Insurance (Sub-TOI)	Division Eight - Inland Marine
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	n/a
12. Company Program Title (Marketing title)	n/a
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 09/01/08 Renewal:
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	n/a
17. Reference Organization # & Title	n/a
18. Company's Date of Filing	02/11/08
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	CCIM-08-6005-AR
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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See Memorandum

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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Check #: EFT FILING

Amount: \$50

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		CCIM-08-6005-AR		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)		N/A		
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	INSTALLATION FLOATER SPECIAL COVERAGE FORM	MA 109 10 07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	MA 109 07 91	N/A
02	MARINA OPERATORS LEGAL LIABILITY COVERAGE FORM	MA 133 01 07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	MA 133 09 06	CCIM-07-6005-AR
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

**ARKANSAS
DIVISION EIGHT – INLAND MARINE
FORMS MEMORANDUM**

NEW FORM	OLD FORM	TITLE/DESCRIPTION OF CHANGE
MA 109 10 07	MA 109 07 91	INSTALLATION FLOATER SPECIAL COVERAGE FORM Deleting EXCLUSION B.2.a. The same EXCLUSION is under B.3.c.
MA 133 01 07	MA 133 09 06	MARINA OPERATORS LEGAL LIABILITY COVERAGE FORM E. ADDITIONAL CONDITIONS, 2.d. is re-worded for clarification purposes; 3. Other Insurance condition is added to the form.